

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027103

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3833

STATE FILE NUMBER

FILED AUG 2 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 19 Yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3344 BALTIMORE		d. STREET ADDRESS (If outside, give location) 33 34 BALTIMORE	
3. NAME OF DECEASED (Type or print) First LEO Middle LINLEY Last GRAHAM		4. DATE OF DEATH 7-23-62	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-20-900
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EXPRESS HANDLER		10b. KIND OF BUSINESS OR INDUSTRY RAILWAY EXPRESS BRECKENRIDGE MO	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Charles P. Graham		13b. MOTHER'S MAIDEN NAME Margaret Flynn	
13c. NAME OF HUSBAND OR WIFE Mary Graham		13d. SOCIAL SECURITY NO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes LOW 2		17. INFORMANT Gene Graham, PATTOWN MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion sudden DUE TO (b) Diabetes 3 yrs DUE TO (c) Hypertension 3 yrs		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. no	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from June 1953 to 7-23-62 and last saw him live on 7-23-62		Death occurred at 2:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE M.B. Casebolt (Degree or title)		22b. ADDRESS 4000 Baltimore N.E. MO	
22c. DATE SIGNED 7-24-62		23a. BIRTH, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7-25-1962		23c. NAME OF CEMETERY OR CREMATORY Kinney Cem.	
23d. LOCATION (City, town, or county) Hamilton MO.		23e. DATE RECD. BY LOCAL REG. 7-24-62	
24. FUNERAL DIRECTOR Sheil Pollock		25. REGISTRAR'S SIGNATURE Ruth H Long	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Informant M.B. Casebolt MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

DATE AMENDED 9-27-62

P-11-1900

P-20-1904

ITEM NO. 8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Thomas A. Shul

Licensed Embalmer No.

4954

P. O. Address

H. C. Mc.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

1. Affidavit containing evidence that he accepted from one live person and wife spouse of